

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004250

1. Entity Name

NATIONAL INSTITUTE FOR INNOVATIVE LEADERSHIP IN
EARLY EDUCATION AND CARE, INC.

Principal Place of Business

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

Mailing Address

1310 LEWISVILLE-CLEMMONS ROAD
LEWISVILLE NC 27023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-2036688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	LIKEN, LINDA	<input checked="" type="checkbox"/> Delete
NAME		200 PINE ROAD	
STREET ADDRESS		LOUISVILLE KY 40207	
CITY-ST-ZIP			
TITLE	V	CARTER, EVA	<input checked="" type="checkbox"/> Delete
NAME		208 ROSEWALK DRIVE	
STREET ADDRESS		NORMAN OK 73701	
CITY-ST-ZIP			
TITLE	SD	CALDWELL, DEAN A	<input checked="" type="checkbox"/> Delete
NAME		1310 LEWISVILLE-CLEMMONS ROAD	
STREET ADDRESS		LEWISVILLE NC 27023	
CITY-ST-ZIP			
TITLE	D	WHITTEN, G T	<input checked="" type="checkbox"/> Delete
NAME		1710 MELROSE	
STREET ADDRESS		MURRAY KY 1-420-71	
CITY-ST-ZIP			
TITLE	D	ROSSWURM, JACKIE	<input checked="" type="checkbox"/> Delete
NAME		98 GOVERNOR'S ROAD	
STREET ADDRESS		HILTON HEAD SC 29928	
CITY-ST-ZIP			
TITLE	D	VINCI, YASMINA	<input checked="" type="checkbox"/> Delete
NAME		5017 B. STREET N.W.	
STREET ADDRESS		WASHINGTON DC 20007	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90714 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment # F00000004250 / 866760

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